

FOR INSTRUCTIONS, SEE BACK OF FORM

CHECK ONE:

- ☐ This is an **initial*** Statement of Organization
☒ This is an **amended*** Statement of Organization

*An initial Statement of Organization should be filled within 10 days of the committee's accepting contributions, making expenditures or incurring indebtedness exceeding \$500. Amendments should be filed within 30 days of a change. Penalties may be imposed for late-filed Statements of Organization.

FORM DR-1 (Rev. 06/99)	STATEMENT OF ORGANIZATION
For Office Use Only	
Comm. # <u>9022</u> Indexed _____ Audited _____ Computer _____	

COMMITTEE NAME (Required by law)

Butler County Democratic Central Committee

IMPORTANT: Indicate type of committee you are reporting for: ☒ 7

(1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support slate of candidates (list candidates under purpose of committee)

COMMITTEE TREASURER
(Required by law)

(This address used for all reminders and correspondence)

COMMITTEE CHAIR

(List additional officers on separate page)

Name

Eileen Johnson

Mailing Address

207 Oak Park Circle

City, State Zip Code

Parkersburg IA 50665

Home Phone (319) 346-1516

Day Phone () same

Name

Maurine Jaguis

Mailing Address

29234 Ridge Ave

City, State Zip Code

Parkersburg IA 50665

Home Phone (319) 346-1080

Day Phone () same

INDICATE PURPOSE OF COMMITTEE - Check One Box

☐ Advocate for/against candidate(s) ☐ Advocate for/against ballot issue(s)

Comment or description:

All Candidates Enter:

Office Sought: _____

District: _____

Political Party (if applicable) _____

Year Standing for Election: _____

County/Local Candidates and Local Ballot/Franchise Committees Enter:

County: _____

Date of Election: _____

Bank Account Name

Butler County Democratic Central Committee

Name of Financial Institution/Type of Account

Midwestone Bank

Mailing Address

PO Box 1700 52244-1700

City

State

Zip

Iowa City IA

Candidate Name & Address or Parent Entity (PACs, if applicable), Affiliate, or Sponsor

Mailing Address

City

State

Zip

Home Phone () _____

Day Phone () _____

DISPOSITION OF BALANCE OF FUNDS UPON DISSOLUTION

Indicate disposition of funds by marking appropriate number in box: ☐

(1) DONATED TO _____ COUNTY CENTRAL COMMITTEE

(6) PRORATED REFUND TO CONTRIBUTORS

(2) DONATED TO _____ LOCAL/STATE/NAT'L POLITICAL PARTY (underline one)

(7) TRANSFER TO ANOTHER COMMITTEE OF THIS SAME CANDIDATE (CANDIDATES ONLY)

(3) DONATED TO CHARITABLE ORGANIZATION

(8) RETURN TO PARENT ENTITY GENERAL FUND (PACs ONLY)

(specify) _____

(4) CITY/COUNTY/SCHOOL/STATE OF IOWA GENERAL FUND (underline one)

(9) OTHER (PACs ONLY), PLEASE BE SPECIFIC

(5) PARTISAN CONGRESSIONAL DISTRICT FUND

STATEMENT OF AFFIRMATION BY TREASURER AND CANDIDATE; OR POLITICAL COMMITTEES, BY CHAIRPERSON

I am aware that I am required to file disclosure reports if the committee receives contributions, makes expenditures, or incurs indebtedness in excess of \$500.00 in a calendar year to expressly advocate for any candidate or ballot issue. I understand that although the treasurer normally prepares and files reports, the candidate or chairperson (PACs) is responsible under the law for accurate and timely disclosure reports and that late-filed reports are subject to civil penalties and possible other legal action. I understand that by filing this form, I am subject to the laws found in Iowa Code chapter 56, chapter 68B and administrative rules found in chapter 351. I affirm that all committee officers have been informed of their appointment and obligations.

Eileen Johnson
Signature of Treasurer

March 16, 2009
Date Signed

Signature of Candidate, OR, if PAC, Central Committee or Local Ballot Issue, Chairperson

Date Signed